

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/17/03.

I. DISPUTE

Whether there should be reimbursement for MRIs – 72141-WP-22, 72148-WP-22, 73221-WP22, dated 9/13/02, denied by the carrier on the basis of “R” – charge unrelated to the compensable injury.

II. RATIONALE

Commission records indicate the carrier failed to submit a TWCC-21 disputing the compensability or relatedness of any treatment relating to the disputed services. On this basis, the services will be reviewed based upon the Medical Fee Guideline.

The bills submitted by the requestor identified the disputed MRIs were extended MRIs of 25 or more slices. However, the MRI reports submitted by the requestor did not confirm this. Payment cannot be justified by the medical reports submitted, as a determination of the proper MAR needs confirmation of delivery of service as billed. On this basis, additional reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for MRIs – 72141-WP-22, 72148-WP-22, and 73221-WP-22.

The above Findings and Decision are hereby issued this 16th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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